



GEORGIA DEPARTMENT OF HUMAN RESOURCES
Food Service Establishment Inspection Report

Establishment Name: Captain D's
Address: 1369 Bullsboro Drive
City: Newnan Time In: _____ AM / PM Time Out: _____ AM / PM

Inspection Date: 06/08/10 CFM: Kathy
Purpose of Inspection: Routine Follow-up Complaint
Preliminary Other
Risk Type: 1 2 3 Permit#: 038-04-FSL-002885

Last Score	Grade	Date
99	A	12/1/09
Prior Score	Grade	Date
93	A	05/05/09

CURRENT SCORE	CURRENT GRADE
99	A
SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN	OUT	NA	NO	COS	R	Compliance Status	Points
Compliance Status							
1	IN	OUT	NA	NO		Supervision - Subcategory 2	4 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		1-2. Person in charge present, demonstrates knowledge, and performs duties; CFM on staff	0 0
2	IN	OUT	NA	NO		Employee Health, Good Hygienic Practices, Preventing Contamination by Hands - Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		2-1A. Proper use of restriction & exclusion	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		2-1B. Hands clean and properly washed	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		2-1C. No bare hand contact with ready-to-eat foods	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Employee Health, Good Hygienic Practices - Subcategory 2	4 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		2-2A. Management awareness; policy present; reporting	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		2-2B. Proper eating, tasting, drinking, or tobacco use	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		2-2C. No discharge from eyes, nose, and mouth	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		2-2D. Adequate handwashing facilities supplied & accessible	0 0
3	IN	OUT	NA	NO		Approved Source - Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		3-1A. Food obtained from approved source; parasite destruction	0 0
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		3-1B. Food received at proper temperature	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		3-1C. Food in good condition, safe, and unadulterated	0 0
4	IN	OUT	NA	NO		Protection from Contamination - Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-1A. Food separated and protected	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Protection from Contamination - Subcategory 2	4 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-2A. Food stored covered	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		4-2B. Food-contact surfaces: cleaned & sanitized	0 0
5	IN	OUT	NA	NO		Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory - Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		5-1A. Proper cooking time and temperatures	0 0
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		5-1B. Proper reheating procedures for hot holding	0 0
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Consumer Advisory - Subcategory 2	4 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		5-2. Consumer advisory provided for raw and undercooked foods	0 0
6	IN	OUT	NA	NO		Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food - Subcategory 1	9 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		6-1A. Proper cold holding temperatures	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		6-1B. Proper hot holding temperatures	0 0
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		6-1C. Proper cooling time and temperature	0 0
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		6-1D. Time as a public health control: procedures and records	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Date Marking - Subcategory 2	4 points
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		6-2. Proper date marking and disposition	0 0
7	IN	OUT	NA	NO		Highly Susceptible Populations - Subcategory 1	9 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		7-1. Pasteurized foods used; prohibited foods not offered	0 0
8	IN	OUT	NA	NO		Chemicals - Subcategory 2	4 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		8-2A. Food additives: approved and properly used	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		8-2B. Toxic substances properly identified, stored, used	0 0
9	IN	OUT	NA	NO		Conformance with Approved Procedures - Subcategory 2	4 points
	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		9-2. Compliance with variance, specialized process and HACCP plan process and HACCP	0 0

GOOD RETAIL PRACTICES

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R = repeat (violation of the same code provision) = 1 point per category.)

IN	OUT	NA	NO	COS	R	Compliance Status	Points
Compliance Status							
10	OUT					Safe Food and Water, Food Identification	3 points
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		10A. Pasteurized eggs used where required	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		10B. Water and ice from approved source	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		10C. Variance obtained for specialized processing methods	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		10D. Properly labeled; original container; required records: shellstock tags; segregated distressed food	0 0
11	OUT					Food Temperature Control	3 points
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		11A. Proper cooling methods used; adequate equipment for temperature control	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		11B. Plant food properly cooked for hot holding	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		11C. Approved thawing methods used	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		11D. Thermometers provided and accurate	0 0
12	OUT					Prevention of Food Contamination	3 points
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		12A. Contamination prevented during food preparation, storage & display	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		12B. Personal cleanliness	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		12C. Wiping cloths: properly used and stored	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		12D. Washing fruits and vegetables	0 0
13	OUT					Postings and Compliance with Clean Air Act	1 point
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		13A. Posted: Permit/Inspection/Choking Poster/Handwashing	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		13B. Compliance with Georgia Smoke Free Air Act	0 0
14	OUT					Proper Use and Handling of Utensils	1 point
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		14A. In-use utensils: properly stored	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		14B. Utensils, equipment and linens: properly stored, dried, handled	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		14C. Single-use/single-service articles: properly stored, used	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		14D. Gloves used properly	0 0
15	OUT					Utensils, Equipment and Vending	1 point
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		15B. Warewashing facilities: installed, maintained, used; test strips	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		15C. Nonfood-contact surfaces clean	0 0
16	OUT					Water, Plumbing and Waste	2 points
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		16A. Hot and cold water available; adequate pressure	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		16B. Plumbing installed; proper backflow devices	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		16C. Sewage and waste water properly disposed	0 0
17	OUT					Physical Facilities	1 point
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		17A. Toilet facilities: properly constructed, supplied, cleaned	0 0
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		17B. Garbage/refuse properly disposed; facilities maintained	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		17C. Physical facilities installed, maintained, and clean	0 0
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		17D. Adequate ventilation and lighting; designated areas used	0 0
18	OUT					Pest and Animal Control	3 points
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		18. Insects, rodents, and animals not present	0 0

Person in Charge (Signature) [Signature] (Print) _____ Date: 6/8/10
Inspector (Signature) [Signature] Follow-up: YES NO Follow-up Date: 1/1
Form: Inspection 1A-2007

Food Service Establishment Inspection Report Addendum

Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsections (2)(i) and (j).

Establishment Captain D's Permit # 038-04-FSVC-002885 Date 06/08/10
 Address 1369 Bullsboro Drive City/State Newnan, GA Zip Code 30265

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
corn on the cob	170°F	fish - cooler near fryer	40°F	shrimp-walkin	40°F
fish	40°F	fish - cooler near line	42°F	pasta "	42°F
pasta	38.5°F	shrimp cooked to	160°F	talapia "	37.5°F
baked potato	35.5°F	fish cooked to	200°F		
mac-n-cheese	38.5°F	fish cooked to	190°F		
salmon	43°F	chicken cooked to	175.5°F		
green beans	152.5°F	coleslaw	39°F		
baked potatoes	181.5°F	fish	160°F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

17C Replace stained ceiling tiles in dining room

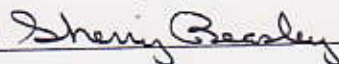
Person in Charge (Signature)



Date

6/8/10

Inspector (Signature)



Date

06/08/10